



Indiana Department of Education

SUPPORTING STUDENT SUCCESS

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (*) must be provided, whether or not the form is used.**

1. State your name and address:

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

- 2.* **Person(s) discriminated against, if different from above:**

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

- 3.* **Agency and department or program that discriminated:**

Name: _____

Any individual if known: _____

Address: _____

Telephone No.: () _____

- 4.* **Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: Asian" or "Sex: Female").**

_____ **Race/Color:** _____

_____ **National Origin:** _____

_____ **Sex:** _____

_____ **Age:** _____

_____ **Disability:** _____

11. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone No.: () _____

12. Do you have any other information that you think is relevant to our investigation of your allegations?

13. What remedy are you seeking for the alleged discrimination?

14. How did you learn that you could file this complaint?

If possible, please provide copies of all documentation, evidence, proof, or other information that supports your complaint. Review this complaint form to make sure that you have included all the information and that the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.

Signature of Complainant

Printed Name

Date

I acknowledge receipt of the complaint. I will forward the complaint to the Indiana Department of Education, School and Community Nutrition Division.

Signature of Sponsor Representative

Printed Name

Date

Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and Indiana Department of Education policy.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The USDA and the State of Indiana are equal opportunity providers and employers.
